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2-28-95

95 FEB 28 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT
1995

DOCUMENT # **618534** **(2)**

1. Corporate Name

RITEWAY, INC.

Principal Place of Business	Mailing Address
1015 KANE CONCOURSE MIAMI BCH FL 33154	1015 KANE CONCOURSE MIAMI BCH FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1979	3a. Date of Last Report: 04/18/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
City (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 59-1969289	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

MILLER, CAROLYN ROSEN
23 INDIAN CREEK ISLAND
MIAMI BCH FL 33154

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when contributing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	PD	11 TITLE	☐ Change ☐ Addition
Name	MILLER, CAROLYN R.	12 NAME	
Street Address	23 INDIAN CRK ISLAND	13 STREET ADDRESS	
City-St-Zip	MIAMI BEACH FL	14 CITY-ST-ZIP	
Title	V	21 TITLE	☐ Change ☐ Addition
Name	MILLER,LEONARD	22 NAME	
Street Address	23 INDIAN CRK ISLAND	23 STREET ADDRESS	
City-St-Zip	MIAMI BCH, FL	24 CITY-ST-ZIP	
Title		31 TITLE	☐ Change ☐ Addition
Name		32 NAME	
Street Address		33 STREET ADDRESS	
City-St-Zip		34 CITY-ST-ZIP	
Title		41 TITLE	☐ Change ☐ Addition
Name		42 NAME	
Street Address		43 STREET ADDRESS	
City-St-Zip		44 CITY-ST-ZIP	
Title		51 TITLE	☐ Change ☐ Addition
Name		52 NAME	
Street Address		53 STREET ADDRESS	
City-St-Zip		54 CITY-ST-ZIP	
Title		61 TITLE	☐ Change ☐ Addition
Name		62 NAME	
Street Address		63 STREET ADDRESS	
City-St-Zip		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Carolyn Rosen Miller 2/22/95 305 866-3500

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0103770 CP